PTO/SB/21 (02-09)
Approved for use through 03/31/2009. OMB 0651-0031
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TRANSMITTAL **FORM** 

**Application Number** 10/680830 Filing Date 070CT03 First Named Inventor TIMOTHY RAYMOND CRONIN Art Unit 2621 **Examiner Name** HARVEY, DAVID E.

(to be used for all correspondence after initial filing) (excluding +

Total Number of Pag

ges in This Submission	5.9	Attorney Docket Number

ENCLOSURES (Check all that apply)						
Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences				
Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s)	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD  Remarks Please note: The	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below):  1) FEE TRANSMITTAL FORM AND PERSONAL CHECK 2) THIS TRANSMITTAL FORM TO BE UNDERSONAL CHECK 2) THIS TRANSMITTAL				
Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53  Remarks  Please note: There is one unnumbered page enclosed under Claims appendix (i.e. a copy of my claim). And each wider the Evidence appendix are cupies of two under 37 CFR 1.52 or 1.53  Remarks  Please note: There is one unnumbered page enclosed under Claims appendix (i.e. a copy of my claim). And enclosed under the Evidence appendix are cupies of two under 37 CFR 1.52 or 1.53  Numbering - And which are 08 and 07 pages long respectively and each bound with its own staple.						
SIGNA	TURE OF APPLICANT, ATTORNEY,	OR AGENT				
Firm Name						
Signature Twithy Raymond Croning						
Printed name  TIMOTHY RAYMOND CRONIN						
Date MAY 25,						
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:						
Signature Worthy Raymond Coming						
Typed or printed name TIMOTHY RAYMOND CRONIN Date MAY 25, 2010						

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004.

English suant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 270.0	0
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Complete if Known				
Application Number	10/680830			
Filing Date	070CT03			
First Named Inventor	TIMOTHY RAYMOND CRONIN			
Examiner Name	DAVID E. HARVEY			
Art Unit	2621			
Attorney Docket No.				

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account D	eposit Accour	nt Number:		Deposit A	ccount Name:_		
For the above-identi	fied deposit	account, the Direct	tor is hereb	y authorized to	o: (check all th	ıat apply)	
Charge fee(s)	) indicated b	elow		Char	ae fee(s) indic	ated below, <b>exc</b> e	ept for the filing fee
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under 37 CFF Under 37 CFF	R 1.16 and 1	1.17	_				المهجم فالمحجم جادات
information and authorization	on PTO-2038	}.		Maudii Siloulu ii	Of DA MCIAGEA	on this form, Fro	VIGE Credit Card
FEE CALCULATION							
1. BASIC FILING, SEAF			FEES				
	FILING	FEES Small Entity	SEARC	· · · · · · · ·		TION FEES	
<b>Application Type</b>	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEE	ES					9	Small Entity
Fee Description Fach claim over 20 (i	including I	Poissuss				Fee (\$)	Fee (\$)
	Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  52 26 110						
Multiple dependent c		Including Relast				220 390	110 195
Total Claims	Extra Clair	ms Fee (\$)	Fee P	aid (\$)			endent Clalms
- 20 or HP =		x	=	**************************************		Fee (\$)	Fee Paid (\$)
HP = highest number of total	•						
<u>Indep. Claims</u> - 3 or HP =	Extra Clair	ms Fee (\$) x	Fee Pa	<u>aid (\$)</u>			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e.g., late filing surcharge): Supplemental Brief in support of an appeal 270.00							

SUBMITTED BY			
Signature	twitty Raymond Crossis	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	TIMOTHY RAYMOND CRONIN		Date MAY 25, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.